

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **G. F. SIGURJONSSON**

SERIAL NO.: 10/725,602

FILED: December 3, 2003

FOR: WOUND DRESSING



CONFIRMATION NO. 4656

GROUP ART UNIT: 3772

EXAMINER: LEWIS, Kiandre

ATTY. REFERENCE: SIGU3007/JEK/JJC

**COMMISSIONER FOR PATENTS**

P.O. Box 1450

Alexandria, VA 22313-1450

*Sir:*

Transmitted herewith is a communication/amendment in the above-identified application.

☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.

☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

| Fee Basis  | Number of Claims After Amendment | Highest Number Previously Paid For | Extra Claims     | Small Entity | Full Fee      |
|--|----------------------------------|------------------------------------|------------------|--------------|---------------|
| Total Claims   | 11                               | - 20 <sup>1</sup>                  | = 0 <sup>3</sup> | × \$ 25 =    | × \$ 50 =     |
| Independent Claims   | 2                                | - 3 <sup>2</sup>                   | = 0 <sup>3</sup> | × \$ 100 =   | × \$ 200 =    |
| <input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim |                                  |                                    |                  | + \$ 180 =   | + \$ 360 =    |
| <b>TOTAL</b>   |                                  |                                    |                  |              | <b>\$0.00</b> |

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

☐ Please charge my **Deposit Account Number 02-0200** in the amount of \$ . A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**.

☐ Also enclosed is/are:

**23364**

Customer Number

Phone: (703) 683-0500

DATE: November 23, 2007

*Respectfully submitted,*

**JUSTIN J. CASSELL**

Attorney for Applicant

Registration Number: 46,205



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

|                         |                       |                      |                |
|-------------------------|-----------------------|----------------------|----------------|
| <b>Application No.:</b> | 10/725,602            | <b>Examiner:</b>     | LEWIS, Kiandre |
| <b>Filing Date:</b>     | December 3, 2003      | <b>Art Unit:</b>     | 3772           |
| <b>First Inventor:</b>  | G. F. SIGURJONSSON    | <b>Customer No.:</b> | 23364          |
| <b>Attorney No.:</b>    | SIGU3007/JEK/JJC      | <b>Confirm. No.:</b> | 4656           |
| <b>For:</b>             | <b>WOUND DRESSING</b> |                      |                |

**REPLY TO OFFICE ACTION**  
**OF NOVEMBER 15, 2007**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

This is responsive to the Office action dated November 15, 2007. In view of the following amendments and remarks, reconsideration of the application is respectfully requested.

**AMENDMENT**

**In the Claims**

The claims are amended as shown on the following pages under the heading AMENDMENT TO THE CLAIMS. The list shows the status of all claims presently in the application and is intended to supersede all prior versions of the claims in the application. Any cancellation of claims is made without prejudice or disclaimer.